

Instructions for Completing the Maine Workers' Compensation Insurance Market Survey Report Form

Due Date: September 28th each year

The Maine Bureau of Insurance collects information about each insurance company within the top 10 insurance groups with Workers' Compensation premium written in Maine. *Report notifications will be sent to those insurers and groups that meet the requirement criteria each year.*

- Obtain the latest version of the report form as **old versions will fail to load**. The report form is available on our website http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html. Scroll down to the Workers' Compensation Insurance Market Survey and click on the Excel link right beside "Report Form".
- **Complete a separate report for each company within the group** that had any written workers' compensation premium in Maine during the previous year.
 - If the Company received a notice but did not have in-force policies as of 8/31 of the current year; please respond to the notice with this information. We will remove the company from our report population.
 - If the company did not have written premium or is not authorized in Maine for Workers' Compensation authority a report is not required.

SECTIONS I & II: COMPANY AND CONTACT INFORMATION

Section I:

- Enter the company's full name and NAIC number (this is included in the report notification email sent in August).

Section II:

- Include the contact person's name (first and last) and contact information (Email and phone number).
- Using an Email address that goes to a central inbox will ensure that future notices are received by the company in the event of staffing changes.

SECTION III WORKERS' COMPENSATION INFORMATION

- I. For each rate level for the Company, provide Loss Cost Multipliers (LCM), Number of Policyholders Written at the LCM, and the Amount of Premium Written at the LCM as of 8/31 of the current year.

1. If the Company received a notice but did not have in-force policies as of 8/31 of the current year; please respond to the notice with this information. We will remove the company from our report population.
- II. Credits: Information on credits that are discretionary on the part of the insurer, such as schedule rating and managed care. Do NOT include experience rating credits, premium discounts, or large or small deductibles.
 1. Aggregate Amount of All Credits for the company for in-force policies as of 8/31 of the current year. ***This should be entered as a positive number (whole number greater than or equal to zero).***
- III. Debits: Information on debits that are discretionary on the part of the insurer, such as schedule rating. Do NOT include experience rating debits.
 1. Aggregate Amount of All Debits for this Company for in-force policies as of 8/31 of the current year. ***This should be entered as a positive number (whole number greater than or equal to zero).***
- IV. Dividends: Information on dividends issued in previous year, even if they are a function of a customer's good experience in prior years.
 1. Aggregate Amount of All Dividends for this Company for previous calendar year
 2. Year dividends are based on.
 - i. Both fields must be completed – (Enter an amount larger than zero and a year otherwise the report form will fail to load)
 - ii. If there is nothing to report for dividends, then both fields must be left blank.
- V. Other Information
 1. Date of Last Loss Cost Multiplier Filing (MM/DD/YYYY) and SERFF Tracking #:
 - i. Both fields must be completed otherwise the report will fail to load.
 2. Does this Company offer schedule rating credits: Answer Yes or No
 3. Does this Company offer managed care credits: Answer Yes or No

Data entered other than instructed above will cause a load failure and the report will be returned for correction.

SUBMITTING YOUR REPORT

- Save the report as an Excel document with the following naming standard **Company Name WCMS.xlsx** (Files saved in any format other than Excel (.xlsx) will fail to load into our database and will be returned.)

- **Do not use acronyms in the file name** — Reports are filed alphabetically in our directories; we need to easily identify your company as having filed the report.
 - **PDFs are not permitted, will not load and will be sent back**
- Email completed reports to Barbra.L.Garboski@maine.gov
 - Multiple reports may be attached in a single email.
 - **Do not encrypt/secure Email** - Due to the number of insurers that are required to file our annual reports, we do not accept encrypted emails that compel signing up for an account to view them. ALL reports submitted to the Bureau of Insurance are kept confidential and any information shared in our legislative reports is aggregated and does not identify any single carrier.
- You may contact Barbra Garboski at 207-624-8440 or electronically at the above email with questions.